## House Appropriations, Subcommittee on Defense FY06 Request Form

(One Project/Program per page)

| <b>Staff Contact:</b>  | per's Office: Congressman Louise Slaughter Contact: Sally Schaeffer Number: 202/225-3615 |                      |                |           | Member's Signature: |                           |  |
|------------------------|--|----------------------|----------------|-----------|---------------------|---------------------------|--|
|                        |  |                      |                |           | Membe               | <b>Member of Congress</b> |  |
| Appropriations Ac      | ecount:  |                      |                |           |                     |                           |  |
| RDT&E Procu            | rement   | Personnel            | _ O&M          | Count     | er Drugs            | Medical                   |  |
| Reserve Equipment      | National   | Guard Equipmen       | t              | Other (DW | , for example       | e)                        |  |
| Service:               |  |                      |                |           |                     |                           |  |
| Army Army I            | Reserve  | Navy                 | Navy Re        | eserve    | Marine (            | Corps                     |  |
| Marine Corps Reserve   | Air I  | Force A              | ir Force Reser | ve        | _ Intelligence      | ee                        |  |
| Army Guard             | Air National   | Guard                |                |           |                     |                           |  |
| Name of Project:       |  |                      |                |           |                     |                           |  |
| Line Item Title:       |  |                      |                |           |                     |                           |  |
| <b>Identification:</b> |  |                      |                |           |                     |                           |  |
| Program Descript       | ion:   |                      |                |           |                     |                           |  |
| Sub-Activity Grou      | (Required  | for Personnel, and O | 0&M)           |           |                     |                           |  |
| <b>Budgeted Amount</b> | <u>for FY06</u> :  |                      |                |           |                     |                           |  |
| FY05 Appropriate       | ed Amount:   | _(If applicable)     |                |           |                     |                           |  |
| Your FY06 reques       | st:  |                      |                |           |                     |                           |  |

<u>Bill and/or Report Language:</u> (Only required if part of overall request and designate whether bill or report language – Please keep length to an absolute minimum.)

## **Recommended Report Language**